

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/737350 - Conf.# 6000
	Filing Date	December 15, 2003
	First Named Inventor	Elias GEORGES
	Art Unit	1642
	Examiner Name	Yu, M.
	Attorney Docket Number	0112418.00149US2

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;

the practitioners (with registration numbers) of record listed on the attached paper(s); or

the practitioners of record associated with Customer Number: 23483

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input checked="" type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

B. Marco Lestage, MBA, Adm.A.

Address 2, complexe Desjardins, Suite 1717, P.O. Box 760, Desjardins Postal Station

City Montreal State QC Zip H5B 1B8 Country CA

Telephone _____ Email _____

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /David A. Chavous/

Name David A. Chavous Registration No. 66,047

Address Wilmer Cutler Pickering Hale and Dorr LLP
60 State Street

City Boston State MA Zip 02109 Country US

Date December 13, 2010 Telephone No. (617) 526-6000

NOTE: Withdrawal is effective when approved rather than when received.